

readily detects the signs and symptoms of central nervous system depression, drowsiness, lethargy, depressed mood and decreased function.

J. BLAIR PACE, MD

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Can the Diaphragm Make a Comeback?

THE RAGING VENEREAL DISEASE EPIDEMIC, which gains momentum year after year, will not be controlled, we are told by public health authorities, by treatment, but only by prevention. Since a satisfactory immunization for gonorrhea or syphilis seems a good many years away, we must review the facilities that are at hand. The incidence of venereal disease in younger age groups has increased. The 9-to-12-year age group is now affected. It appears that persons growing up in the United States today would have a 50/50 chance of having gonorrhea between the ages of 12 and 25. "The pill," besides removing fear of conception as a deterrent to sexual activity, contributes in another and very substantial way to the incidence and transfer of gonorrheal infection. By increasing the glycogen content of the vaginal cells and by increasing the mucous secretion of the cervical glands, the pill produces an ideal soil for the growth of the gonococcus. It thus appears that if the female has sexual contact with a gonorrhea-infected male and she is taking the pill, she is almost certain to acquire the disease. The same female not taking the pill and having the same single contact with the same male would have perhaps a 40 percent chance of contracting the disease.

It is not known what additional reduction might occur in the incidence of infection if this same person were not only off the pill but were also using a diaphragm with a jelly or cream which contained not only contraceptive but also bactericidal agents.

It is not at all difficult to conceive that our large pharmaceutical firms could readily develop a compound that is both spermicidal and bactericidal against the gonococcus or perhaps a large variety of venereal infections including syphilis. Progonasyl, a product long on the market but not approved for venereal disease prophylaxis, has

been suggested for this very purpose by a CALIFORNIA MEDICINE contributor.

Conscientiously used, a diaphragm used with a contraceptive cream or jelly is 95 percent effective in contraception. This compares favorably with the contraceptive effectiveness of the intrauterine device.

If an educational campaign could be launched which would emphasize the safety, effectiveness, and the venereal disease protective value of the diaphragm with cream or jelly, this almost abandoned modality might make a comeback.

J. BLAIR PACE, MD

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Prophylaxis of Migraine Using Propranolol

FORTUITOUS OBSERVATION of improvement in migraine—or prevention of migraine attacks—came from various centers almost simultaneously. Several of the patients who were taking propranolol for cardiac indications were migrainous physicians.

Follow-up controlled studies using placebo and a double-blind technique indicated over 75 percent good to excellent response to the administration of propranolol in dosages in the order of 20 mg four times daily. Side effects can be expected in less than 2 percent of patients on this therapy if the known contraindications are observed. Known contraindications include asthma, diabetes mellitus and cardiac conditions where diminished cardiac output would produce problems.

Propranolol is a beta-adrenergic receptor blocker. Precise rationale for its use in migraine has not been fully developed. The most evident mechanism is blockade of vasodilator receptors in adrenergically innervated vessels.

The author recently observed an atypical migraine sufferer, a 34-year-old man, who described his attacks as characterized by flushing of the face and the head. Frequency and severity of attacks was reduced more than 50 percent by propranolol.

Propranolol is not yet the established treatment of choice in all migraine patients. Where more

traditional prophylactic measures have failed, a trial of propranolol is worthwhile.

J. BLAIR PACE, MD

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Lactase Deficiency, Geriatric and Ethnic Considerations

MILK HAS LONG BEEN looked upon almost reverently as the perfect food. Almost 50 percent of the caloric value of breast milk is accounted for by the lactose content. Specific lactase deficiency in the newborn, often produces symptoms after the first few feedings. This probably has a congenital hereditary basis.

A very high lactase level in the newborn is not usually maintained into adult life. Adequate lactase production may occur into the fifth and sixth decades in persons of Scandanavian background. Other racial groups develop lactase deficiency early in life. Specific lactase deficiency has a very high incidence in American Negroes. This deficiency appearing early in life is also common in India and in Greek Cypriots, Arabs and Ashkenazi Jews.

There is a quantitative aspect to lactase deficiency. In our own society the quantity of milk intake by adults may not be high enough to give rise to symptoms until the patient is put on frequent feedings for treatment of peptic disease. Most of these feedings involve a great deal of milk. In geriatric practice it is safe to assume that patients complaining of functional distress, gas, cramps, flatulence and at times diarrhea, alternating with constipation, may be greatly benefited by removing milk from the diet.

It has not been established whether or not specific lactase deficiency is an important aspect of the aggravation of regional enteritis by milk. The specific tests for lactase deficiency are less satisfactory than indirect tests. Three weeks of careful milk-free diet followed by a milk challenge, which produces symptoms, is a valid test. In infants evidence of conversion of lactose to glucose, following a lactose test meal, is a valid test of the adequacy of lactase production.

Aside from being iron-deficient, milk is far from a perfect food for persons who suffer from specific lactase deficiency or from specific milk protein allergy. The specific lactase deficiency problem has both age and ethnic group relationships.

J. BLAIR PACE, MD

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Hypothyroidism—Do We Finally Have a Single Test?

ADVANCES IN METHOD have made the radioimmunoassay of human thyrotropin (TSH) available to the physician in practice for diagnosis of hypothyroidism. The normal ranges of TSH by this method have been defined. It may be assumed that elevated levels of TSH are a sensitive index of primary hypothyroidism. In fact TSH is a more sensitive index of thyroid damage than the level of circulating hormone. Conversely, normal levels of TSH allow one to confidently exclude the diagnosis of hypothyroidism.

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